THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLVIII. WEDNESDAY, FEBRUARY 16, 1853. No. 3.

CLIMATE OF ITALY IN RELATION TO PULMONARY CONSUMPTION.

[DR. T. H. BURGESS is the author of a work recently published in London, on the "Climate of Italy in relation to Pulmonary Consumption, with remarks on the Influence of Foreign Climates upon Invalids." Although intended for English readers, Dr. Burgess's book relates to a subject which is full of interest to people of other countries, especially to those residing in northern climates. As regards a change of residence for consumptive patients, from New England to our own southern States, the subject has been often and ably discussed in previous volumes of this Journal; and we doubt not many of our readers would be glad to know also the opinion of competent English writers respecting a removal of the same class of invalids from England to the more sunny and genial clime of Italy. The following article on this topic constitutes a review of the work above alluded to, and is copied entire from the Edinburgh Monthly Journal of Medical Science.—ED.]

The object Dr. Burgess has proposed to himself in this volume, is to point out, that all those places supposed to be favorable for consumptive people in Italy are in point of fact injurious; that the idea of their being beneficial is a popular delusion, and that it is much better to visit some of the sheltered places in our own country, than with a view of seeking health, really find a grave in foreign climes. He says:

"The rapid and extensive variations of temperature observed in the Italian climate—the absolute necessity to consumptive invalids of changing their place of residence as the seasons change—the fatigue, discomfort and risk, attendant upon every such change—and the mania for sight-seeing in cold churches and galleries, which no invalid can overcome, have frequently, during my sojourn in Italy, suggested to me the following reflections:—

"1. Has not Nature adapted the constitution of man to his hereditary climate?

"2. Is it consistent with Nature's laws and operations, that, a person born in England, and attacked by consumption, can be cured by a foreign climate, in every characteristic opposite to his own?

"3. Why should a warm climate be preferred to a cold one, if the temperature be equable? the mortality from consumption being less in the latter than in the former.

"4. A revolution must take place in the system of every consumptive invalid who goes to Italy, before he can become acclimated; and how many must sink under the probationary process, from fatigue and exhaustion?

"5. If a phthisical patient derives benefit from a foreign climate, he should never leave it; for it is obvious, if he returns to his native climate, his constitution will be again changed or remodelled, and he is then rendered obnoxious to the same physical causes which originally produced his complaint.

"6. The rapid variations and extensive range of temperature peculiar to warm climates greatly counterbalance their alleged good effects.

"7. It is more in accordance with Nature's laws to believe that when *change* is necessary in cases of consumption, a modification of the climate in which the patient and his ancestors were born and reared, or, in other words, *change of air in the same climate*, by removing from one locality to another, more appropriate to the patient's condition, will effect greater good than any violent transition to warm countries."—Pp. 22–24.

In our own opinion, nothing is more difficult than for a medical man practising in this country to arrive at just notions concerning the sanative influence of a foreign climate in cases of pulmonary consumption. He may read books on the subject generally; he may study monographs on the especial advantages of particular places, and he may further converse with sensible men who have practised there, without being in any degree more enlightened. As a general rule, every local practitioner speaks highly of the superior merits of his own place of residence. He is ready to give you a list of the most extraordinary recoveries. He instances the cases of Lord this and Lady that, who, on their arrival, were in the worst possible condition, and who, during their sojourn in his locality, even surprised *him* by their rapid recovery. In short, when listening to these accounts, we feel astonished that any case of phthisis should die, did not all such practitioners, in reply to a straightforward question, acknowledge that deaths nothwithstanding were very common, and that, after all, these remarkable cases were the exception and not the rule. The real questions to be answered, in reference to the sanative influence of climate, are—1st. What is the proportion of cases in which an arrest of the disease takes place, as determined by a strict diagnosis, the stage of the disorder, and the age and general strength of the patient? 2d. Are such arrests more frequent in foreign countries than they are at home? So far as we are aware, no series of facts exists capable of satisfying us on these points. On the other hand, is it not certain that if a phthisical person recovers his bodily strength in Madeira or Italy, the benefit is at once ascribed to the influence of climate; whereas, if the same thing happens at home, the case is considered one of bronchitis, or at all events its phthisical character is denied? Yet it has of late become sufficiently evident, that, with proper care and treatment, phthisis may be arrested in this country much more frequently than was formerly supposed; and we have no reason to believe that such arrestment is more common in Madeira, Egypt

or Italy, than it is in Edinburgh or London. It may then fairly be asked —Whether the practice, which has so long prevailed, of sending consumptive patients abroad is beneficial or not? Dr. Burgess unhesitatingly pronounces in the negative, and argues as follows :—

"If we conten plate the climate theory through the appropriate medium of the natural history of creation, we shall find that the argument is also in our favor. We may seek in vain along the entire range of organized existence for an example of diseased animals being benefited by removal from a warm to a cold, or from a cold to a warm country. There appears nothing in the book of Nature so violently inconsistent. The fishes which inhabit the waters of the British Islands will not thrive in the Arctic seas, nor those of the latter in the ocean of the tropics. The birds of the primeval forests of America generally die in this country, unless reared like hot-house plants; and so with the wild animals which live and flourish in the jungles of Asia or the scorching deserts of Africa.

"Man, although endowed in a remarkable degree, and more so than any other animal, with the faculty of enduring such unnatural transitions, nevertheless becomes sensible of their injurious results. For familiar illustrations of this influence, we have only to look to the broken-down constitutions of our Indian officers, or to the emaciated frame of the shivering Hindoo who sweeps the crossings of the streets of London. The child of the European, although born in India, must be sent home in early life to the climate of his ancestors, or to one closely resembling it, in order to escape incurable disease, if not premature death. Again, the offspring of Asiatics born in this country pine and dwindle into one or other of the twin cachexiæ—scrofula and consumption, and if the individual survives, lives in a state of passive existence, stunted in growth, and incapable of enduring fatigue. If such extreme changes of climate prove obnoxious to the health of individuals having naturally a sound constitution, how are we to expect persons in a state of organic disease to be thereby benefited? In fact, view the subject in whatever way we may, we must eventually arrive at the natural and rational conclusion, that Nature has adapted the constitution of man to the climate of his ancestors. The accident of birth does not constitute the title to any given climate. The natural climate of man is that in which not only he himself was born, but likewise his blood relations for several generations. This is his natural climate, as well in health as when his constitution is broken down by positive disease, or unhinged by long-continued neglect of the common rules of hygiene.

"*Change of air in his own climate*, or removal to one nearly approaching to it, is the natural indication, and will effect whatever good climate can effect in consumption."—Pp. 19–21.

Our own experience is on the whole hostile to the propriety of sending phthisical patients abroad in search of health. We have now met with many consumptive individuals who, so long as they remained at home, continued in a satisfactory condition, enjoyed life, and carried on their usual occupations in comfort; but who, seized with an unconquerable desire of completely getting well, through the agency of a warm climate,

have gone to Italy, and died most miserably. Such cases have been so frequent with us, as to have given rise to a feeling of great scepticism as to the utility of expatriating such persons—a feeling which would have become absolute, were it not counterbalanced by a conviction engendered by foreign travel, and dependent on what may be called personal sensation, rather than actual experience of any beneficial result obtained by others. We allude to that exhilarating feeling which the traveller experiences in the south of France, or the borders of the Mediterranean, caused by the clear atmosphere, balmy air and luxuriant landscape. He who has felt that delightful sensation, and paid attention to its influence on his own bodily powers, will not easily abandon the idea that such influence, if rightly directed to the relief of certain morbid conditions, must have some effect. We believe that such a feeling insensibly constitutes the real basis of all our belief concerning the good effects of climate; and as we still think, notwithstanding all Dr. Burgess has said, that, in certain cases, it is really beneficial, it may be worth while to inquire why it often fails, and why it sometimes succeeds.

Supposing, then, that residence or travel in certain foreign countries may be beneficial in particular cases, and the chief argument in its favor are the sensations to which we have alluded, it cannot be denied that many fallacies are liable to enter into our reasonings. For instance, it does not follow that the same elastic feeling experienced by a healthy, vigorous individual on the mountain-side, on the sea-shore, or in the beautiful valley, should be felt by a debilitated, worn-out person in a similar situation. Nor is it reasonable to suppose that the qualities of mind, power of exertion, and consciousness of bodily strength—all of which are elements in the production of the feeling alluded to—should be alike in the two cases. Hence, while some persons may be benefited, and the nutritive powers stimulated under such circumstances, others will feel languor, depression of spirits, or increased fatigue, and find themselves much worse. The difficulty, therefore, is to discriminate between these two classes of persons—a difficulty which defies all general rules, dependent as it is not only on the stage of the disease and bodily strength of the individual at the time, but also on his peculiar constitution, habits, general excitability, powers of imagination, and cultivation of mind. Hence, before sending patients abroad, all these points must be anxiously considered; and even then the whole will resolve itself into the fact, which can only be determined by experiment, whether, upon actual trial, they feel better or worse.

We believe, however, that in most cases the change is at first beneficial, and that it would be to a considerable extent permanent, were it not for another fallacy which extensively prevails. We allude to the idea that the climate itself has a sanative tendency, and that the breathing this or that air is like taking so much medicine, and ought to do good *per se*. Now it should be considered, that the best climate is only useful as a means of taking exercise, and promoting the nutritive functions, without exposure to those drawbacks which are more or less common at home. It is by regarding exercise as necessary to securing active digestion that its importance as a therapeutic agent becomes ob-

vious in phthisis, and any locality which will enable the sensitive invalid to go out daily on foot, horseback, or in a carriage, without the chance of meeting cold winds or showers of rain, must possess an advantage over one where these occurrences are common. Now all accounts agree in representing Madeira, and some other places, as more favored in this respect than even the best localities in England—and if so, they may, in the sense referred to, be more beneficial as places of residence.

In searching for such benefits in a foreign climate, the patient has to sacrifice the occupations he may be accustomed to at home, and the society of his friends. But if this can be done without inconvenience, and without causing mental depression or a sense of *ennui*, it may even be advantageous. Mental impressions must not be overlooked. Then he will experience a great difference between the comforts of an English residence and those in a foreign house, which, to the healthy traveller, are often annoying, and to the invalid are injurious. In Rome Dr. Burgess says the streets are built to exclude, as much as possible, the rays of the sun, and in winter are as damp and cold as rain and frost can make them. And then he adds, "What a difference between the warm carpet, the snug elbow-chair, and the blazing coal fire of an English winter evening, and the stone stair-cases, marble floors and starving casements of an Italian house!"

It is well pointed out by Dr. Burgess, that those who go to the large Italian cities are exposed to other dangers connected with the desire of seeing celebrated places, works of art, churches, vaults, &c., which induce great bodily fatigue, and often chill the body by long exposure to damp air, or from standing on cold marble floors. He says:—

"It has often occurred to me, while observing the habits of consumptive patients when in Italy, that a description of the *climate*, of old ruins, cold churches, empty palaces, long picture galleries, and other places favorable for the collection of stagnant air, but where invalids notoriously pass a great portion of their time, would be much more useful and appropriate than any elaborate account of the external or natural climate of the country which the most minute and careful observation could afford. It matters little how pure the atmosphere may be in reality, if the air the patient breathes for so many hours each day is impregnated with noxious exhalations, as it must be in the majority of instances, while he is admiring the bronzes, pictures, and statues, of the cathedral, or trying to decipher half-worn inscriptions on the mouldering walls of some ruin or dungeon.

"The attractions of the basilica of Saint Mark, a church which has not its parallel in the world, are certainly of no ordinary kind. The mosaics, sculptures, basso-relievos, and arabesques, with which it is profusely ornamented, together with the gilded arched roofs, the pavement of jasper and porphyry, the five hundred columns of black, white and variegated marble, of bronze, alabaster, vert-antique, and serpentine, are irresistible to the foreign invalid, who soon finds his way thither, and passes hours fatiguing his frame, gazing at the marvels of the building, standing on its cold and sunken floor; for the piles underneath have given way in many places, and hence he breathes an air damp and impure.

"The Ducal Palace, close by, has also various attractions, and I doubt whether the masterpieces of the greatest painters Venice has produced, with which the ceilings and walls of the different apartments are adorned, are so eagerly sought after as the Piombi and the Pozzi, the latter being the dungeon cells in the vaults of the Palace, over which the boats on the canal pass, and with whose history so many tales of horror are connected. These horrible dens are still dismal and damp, although the walls are boarded to prevent the humidity from penetrating."—Pp. 106, 107.

"In the renowned capital of Tuscany, wandering amongst its splendid, but cold and damp churches, its palaces and picture galleries, many an English invalid annually hastens his end; and it not unfrequently happens here, as in other cities of the south, that the places most frequented, and possessing the greatest attractions, are of circumscribed dimensions and badly ventilated. For instance, visit the far-famed *Tribuna*, of an afternoon in autumn, and there you will find, in a small octagon chamber, like a moderate-sized boudoir, containing the most valuable gems of antiquity, and some of the finest paintings in existence, a crowd of eager spectators, even including invalids, jostling each other from want of room, gazing for hours together upon the immortal works of art around, whilst breathing all the time a heated, confined and impure atmosphere. An observer will not remain long before his attention is arrested by the ominous short, dry, jerking cough, and on looking round he is sure to see the same stereotyped picture of the 'English disease,' so painfully familiar to travellers throughout Italy, supported on the arm of an attendant, staring at the marble statue 'that enchants the world,' which often seems more alive than the gazing invalid."—Pp. 134, 135.

Again he points out that in Rome—

"The rank and luxuriant grass, weeds and wild flowers—the Flora of the Coliseum—which grow in profusion all over the amphitheatre, and the moist and stagnant air of the place, combine in forming a noxious atmosphere, the evil effects of which are soon experienced by strangers, whether invalid or robust, who pass any time there. I have frequently observed invalids wandering about this vast ruin for hours, and with the aid of a guide climbing over the different stages of the mouldering walls to catch the effect produced by the variety of views which are renewed at each arcade. At night, and by moonlight, is the favorite time for visiting the Coliseum, in order to see the effect of light and shade, with the endless details of ruins thus shown. No consumptive patient who is able to drive to the spot, and to crawl over the walls, ever omits such moonlight visits! One might suppose that an individual in bad health would choose a more cheerful scene—at least one less significant of his own condition; but it may be, perhaps, that ruins console each other."—Pp. 175, 176.

Another evil of large continental cities consists in the attractions of fashion, so that the young can seldom resist the late evening parties, the dance or public amusements, when flushed with excitement or exertion, they return to their homes late at night, exposed to the chill air, the injurious effect of which is augmented by the previous heat and foul

air of crowded assemblies. All such irregularities and every kind of over-fatigue are more than enough to counterbalance the supposed good effects of climate. Hence places of quietude, offering no temptations to gaiety, and possessing only natural advantages of scenery and the gentle stimulus of a clear atmosphere, mild temperature, and cheerful society, are the best.

Another fallacy is the idea that warmth is the agent which, in such cases, does good; and people talk of a warm climate as synonymous with a healthy climate in such cases. But unaccustomed warmth is most relaxing, and tends, instead of checking, to occasion increased development of the tubercular exudation. Nothing is more common in this country than to observe how phthisical patients get worse on the approach of sultry weather in summer, and how comparatively better they are in winter, so long as they avoid exposure to cold winds. In fact, it is not a warm climate which is sought for by the invalid, but a temperate climate during the winter, in a more southern country than England. As summer approaches, many parts of the British Isles are infinitely preferable.

It follows, from all the information we have been able to collect, that that climate is best which will enable the phthisical patient to pass a few hours every day in the open air, without exposure to cold or vicissitudes of temperature on the one hand, or excessive heat on the other. Wherever such a favored locality may be found during the winter months, its advantages should be considered as dependent on exercise, and on the stimulus given to the nutritive functions, rather than to its influence on the lungs directly. It is a matter also of great importance to remember, that the comforts of home, a well-arranged diet, general hygienic rules, and a proper treatment, are as necessary in Madeira, Italy, Spain or Egypt, as they are in Edinburgh. Lastly, we will venture to say, that the good effects of a foreign climate have been greatly exaggerated; and to all of our readers who feel interested in the matter, we cannot do better in proof of it than recommend the perusal of Dr. Burgess's well-written and agreeable volume.

M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of L'Union Medicale—Translated from the French by D. D. Slade, M.D., Boston, and communicated for the Boston Medical and Surgical Journal.

SEVENTEENTH LETTER.

My Dear Friend,—I think that I have done justice to the monkeys; for the present, I shall not occupy myself any more with them. If later, it can be proved to me, that they can contract anything but what I have told you, I shall be found always ready to acknowledge it. Until then, I do not see any motives to change my opinion. In waiting, let us return to the poor human species, to whom, at the present day, no one contests the claim to the verole as an inalienable right.

However, before going farther, permit me, after all that I have said to you, and perhaps even by reason of what could be recently said, to es-

tablish the following proposition, which appears to me to be impossible to overturn :

The chancre (primary ulcer) at the period of progress or of specific *statu quo*, is the only source of the syphilitic virus (morbid inoculable poison).

I have already told you in what conditions the virulent pus ought to be, in order to act ; you know, also, the conditions in which the parts ought to be, in order to undergo the action of it. Let us now study the effects of this action ; in other words, the pathogeny of the chancre. This subject is a serious one, but a little dry. I depend upon all your good will, to follow my developments. Please to look for no other interest than that of the question itself.

If we make a puncture under the epidermis, with a lancet charged with virulent pus, this puncture, which ought scarcely to bleed, soon grows red, becomes prominent, and its summit is raised up by the serosity, which soon becomes turbid in order to take on afterwards the characters of pus.

Thus, puncture, redness, papule already surrounded with an areola, vesicle, vesico-pustule, and finally pustule ; such is the series, the constant succession of phenomena produced by inoculation. All this follows without interruption, without any arrest, from one hour to the other, from one day to another ; it is a pathological riband, which is constantly unrolling in order to arrive at a regular and inevitable term, that is, to the production of a pustule of ecthyma, the most perfect, and of the best possible type.

This pustule is often depressed at its summit, even umbilicated at the point which corresponds to the puncture, and upon which we perceive most generally a little drop of dried blood. If the pustule is not broken, the pus which has formed, dries up, and gives rise to a conical, brown, greenish or blackish crust. This crust tends to increase at its base ; for it covers an ulceration, the circumference of which tends itself to increase. In this increase of the ulceration under the crust, the epidermis of the areola which surrounds it and the border, is successively raised up by the suppuration ; this latter in its turn dries, in order to form a new disk of crust, while a new areola is formed at its circumference, and so on.

Tell me, without ceremony, if I am sufficiently clear in this description ; it is of great importance to me to be well understood.

The red circle (the areola) which borders the crust, is ordinarily tumefied, and encloses it as the rim of a watch encloses the glass—only, as there is here an increasing ulceration, and always new pus produced, and as the circumference of the crust is always less hard than its centre, this crust is not generally very adherent. Sometimes the crust is formed early ; at other times the pustule remains in the purulent state during a time more or less long. This pustule sometimes does not acquire a very great volume ; often it has at its commencement only the size of a lentil ; at a later period its surface might equal that of a five-cent piece and even that of a franc ; but it is not rare to see it acquire dimensions much more considerable.

The pustule offers, then, those transitions which we observe so often in other forms, and which give to it the aspect of rupia, either before the formation of the crust or when the crust is formed. There is only here, as sometimes in rupia, a difference of volume. If we break the pustule the second or third day in those cases of quick evolution; or if we break it at a later period in the ordinary cases; or if the crust is detached, we find beneath an ulceration occupying all the thickness of the skin, perfectly rounded, with the borders cut perpendicularly, as if it had been made with a punch. The borders of this ulceration, slightly separated from the adjacent parts, tumefied, serrated, and turned back, remain surrounded by the red areola which constitutes the margin of it; they are covered by a diphtheritic layer, a special adherent pyogenic membrane. The surface of the ulceration secretes a sanious, sero-sanious pus, often reddish, and charged with organic detritus; this is the virulent inoculable pus. When we cleanse this surface, we find a diphtheritic layer more pronounced than that of the borders, and which is also constituted by a special pyogenic membrane, of a greyish color, of a lardaceous aspect, and which cannot be detached. Moreover, the bottom of the ulceration reposes upon a base more or less thick, more or less engorged, according to the progress which the ulceration is to pursue—a progress especially determined by the character of the *soil* in which the *syphilitic grain* has been sown.

The ulceration which I have just described, and which has followed an increasing progress, may arrest itself at the extent which I have already indicated, or persist a long time—a month, six weeks and more, or continue to increase in order to take on larger dimensions, and to present also important modifications.

In the numerous inoculations which I have made, things have always happened regularly, thus:—An incessant evolution starting from the puncture; constant production of an ecthyma, the ulcerating bottom of which, presents in its turn, above all, the classical and typical characteristics of the chancre; ulceration with a *tendency to increase*, or remaining in a special *statu quo*.

You already see, my friend, that the artificial inoculation overthrows all that we have been accustomed to teach and to repeat to each other for ages past; you see it break the physiologism of Broussais; you also see it reduce to its proper value the doctrine of the *physiologic contagion* of a more recent date. And first, can the theory of incubation sustain itself in presence of what inoculation produces, and of those results which you can repeat every day; for, remark, it is not a unique, exceptional fact that I relate to you, but there are masses of identical facts always giving place to the same phenomena, and of which every body has the proof in their hands.

The electric, expansive mode of Bru; it is no longer possible to believe that the syphilitic virus penetrates the economy like lightning, that it is a shock from the individual infecting, to the individual infected. The chancre, the primitive ulcer, is no more the result of a *shock in return*. We cannot admit, at the present day, unless we are blind, that the virulent pus traverses our tissues by a solution of continuity or other

wise, in order to infect first the entire economy, to hide itself at a distance, in order to return afterwards upon its steps to *hatch* in the *nest* where it had been first placed.

Special grain, the syphilitic virus, grows where it has been sown; *particular ferment*, it is those parts which it immediately touches that enter first into fermentation. All this takes place, as we have already said, more or less quickly, according to the disposition of the soil, according to the fermentable aptitude—but all this takes place strictly, absolutely, in a point at first very circumscribed, which we shall contrive perhaps to limit bye and bye.

The non-existence of a period of incubation, a fact so evident, so true and so logical, is not yet, however, accepted; the contrary prejudices have been of too long standing not to have the force of law, or to be easily overthrown. Those who, notwithstanding, sustain the incubation, and who believe that the virulence of syphilis is compromised if it does not exist, have made me a primary objection; they say to me, if you obtain instantaneous and uninterrupted effects by artificial inoculation; if you have observed only a local evolution; if you have been struck by an apparent silence of the organism, and if you have perceived nothing which explains a general participation in the syphilitic drama, it is because you operate upon an organism already impregnated, injected; you inoculate patients, and those patients are already inoculated.

This objection, you see, enters into the famous theory of *virulent bottles*. I have already refuted it; I have told you what we ought to think of this opinion as respects wounds, injuries and operations made upon syphilitic subjects. I cannot help returning to it; permit me to refer you to what I have already stated upon this subject. But I have another answer to make to this objection, besides the experiments practised upon the patients themselves. I shall answer this by the experiments made from sick individuals to healthy ones, and I shall invoke especially the recent inoculations practised upon man upon the occasion of the inoculation of the monkeys. Well, in these cases the results of the inoculation have been identical with those which I have just described to you; that is to say, an immediate action, an uninterrupted evolution, and production of the ecthymatous pustule.

But does artificial inoculation always give rise to this uninterrupted series of phenomena? Are there not circumstances, in which, between the inoculation and the manifestation of the symptoms, there will be a period of rest, of sluggishness, as in the inoculation of the vaccine virus? In the contagion by the ordinary way, does there not always seem to be a time sufficiently long between the action of the cause and the manifestation of the effects?

Yes, without doubt, and these are the cases which can justify and legitimise in some sort the theory of incubation. But when we take the pains to examine these facts with attention, we see that they have been badly appreciated. I shall try to reduce them to their true value, and to bring them back to the laws before established.

I have already said that these cases have never happened to me, in my numerous experiments, always publicly made. This arises evidently

from the uniformity of the proceedings which I have employed. My honorable colleague, M. Puche, who has experimented as much as myself, and perhaps still more, has only once or twice seen these accidents manifest themselves, at the second or third day after the puncture. All those who have studied the inoculation of syphilis, know that when it does not succeed immediately, it is because it is negative.

However, we can understand that a too superficial puncture, that the virulent pus placed upon surfaces scarcely denuded, would require a longer time in order to affect the part, and in order that the effects should be produced. Here is what I have observed upon M. Robert de Welz. A first puncture very superficial, which produced no effects the first day, so that there was something which might resemble incubation. But the second puncture, which I made myself upon him, followed the regular course. The partisans of the influence of the general state would answer me, what of that? The first puncture had a slow development, because the organism was not yet impregnated. The effects of the second puncture have been rapid, on the contrary, because then the virus had invaded the entire economy. That is very well, I shall answer, but here is something which slightly deranges this beautiful theory; it is that M. de Welz had a third puncture made, which being too superficial like the first, has given like that, only tardy results.

Here is the key to incubation, my dear friend. We understand very well, without its help, how in the contagion by the ordinary methods, virulent pus placed upon surfaces more or less denuded, and consequently fitted to receive more or less quickly the virulent action, are affected more or less quickly, and give place to a morbid action more or less rapid. We know, and observation teaches us every day, and the experiments of M. Cullerier demonstrate it in an irrefragable manner, that the virulent pus can remain in contact with healthy surfaces without altering them, and without being altered itself; but we know also that surfaces constantly bathed by the virulent pus, acrid and irritating, excoriating before being specific—we know that these surfaces end by becoming eroded, and by being placed by this pus itself in the conditions necessary to the inoculation taking effect.

This sort of vesication might require a time more or less long to be produced, before the special effects appear, and simulate incubation. For example, some virulent pus is collected in a fold of the vulva, of the vagina, of the prepuce, in the interior of a follicle; it is not till a longer or shorter period after the pus shall have been thus placed, that passing through the successive action that I have just shown, it arrives at the effects of incubation. There is nothing herein which is *plausible;* it is physical and material; it is what the observation *de visú* demonstrates every day to the eyes which know how to see. How many patients there are who think themselves at first only affected by a balano-posthitis, and in whom we see chancres produce themselves, in a longer or shorter time. Add to this the carelessness of patients, the absence of all observation of what concerns them, a circumstance so common in practice, and which causes them to take for *incu-*

bation the time which has passed between the exposure to the cause, and its apparent manifestations. Under these circumstances, you will see for the chancre, as for the blennorrhagia, the explanation of these pretended incubations of an elasticity of duration so considerable, that they vary between hours, weeks, and even months.

You see that I enter more and more into the substance of these important and grave syphilographic questions. In my next letter I shall treat of the different forms which the chancre can assume.

May your good will, and that of your honored readers, still accompany me. This is for me the most valuable encouragement.

Yours, &c., RICORD.

RESUSCITATION OF A DEAD CHILD.

BY M. M. RODGERS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Two months ago I was called to attend Mrs. —— in labor, under the charge of an English midwife. Labor had been slowly progressing for twelve hours, when the expulsive power of the uterus had become exhausted. On examination, I found one leg of the child protruding from the vulva, as far as the knee ; it was cold and purple. With some difficulty I gradually returned it, found the other foot, and secured both and retained them, while I endeavored to excite expulsive pains by decoction of ergot, black pepper, friction over the abdomen and warm applications to the breasts. The pains were only slightly increased ; I however made gentle traction on the feet in concert with the feeble pains, at the same time endeavoring, but without effect, to rotate the body, so as to change the position of the head. The child was large, and pressure on the umbilical cord could not be prevented. The body was delivered, leaving the face in the sacrum and the occiput behind the pubis.

The pulsations of the cord were still regular but feeble, and soon ceased entirely. The extremities soon became cold, and afterwards the body. The head was delivered forty minutes after the body, and soon became cold. The placenta was delivered in two or three minutes after the head, and, together with the child, immersed in warm water. No animal heat remained—no pulsations, and no respiration had ever been performed. Here, then, was, to all appearance, a dead child. I resolved to make an effort, by artificial respiration, to restore vitality. I proceeded in the following manner. I first closed the nostrils with one hand, then fixed my mouth upon that of the child, and slowly filled the lungs from my own—then, with the other hand, pressed gently upon the abdomen, diaphragm and chest, so as to expel the air as much as possible. I continued in this way for half an hour, when a feeble pulsation of the heart was perceptible to the hand. The pulsations continued at the rate of eight or ten in a minute, while artificial respiration was continued, but ceased altogether soon after it was discontinued. At this point it seemed as if I was balancing the little being between life and death on my own breath, and that by an effort of my will I could send

him, breathing and palpitating, into life and light, or let the vital spark go out in darkness and death. Three quarters of an hour after artificial respiration was commenced, a single gasping, convulsive inspiration occurred, with no signs of an expiration. Two or three minutes afterwards, another inspiration; and in fifteen minutes they increased to three in a minute, without expiration. A slight arterial blush now appeared on the face. Inflation continued five minutes longer, when an expiration followed the inspirations. A cold douche was now applied to the body, alternately with the warm bath. Artificial respiration was continued at intervals for twenty minutes, when the respiration became regular, and the body red and warm. The child was now wrapped in warm woolen cloth; and in one hour and a half from the commencement of the experiment, cried loudly and made strong muscular motions. It has remained well ever since.

What doses this case prove in relation to the motive power of the blood, and the vitalizing agency of oxygen? I have given the facts of an experiment, which should be more often made in similar cases. Whatever theory such a case may sustain, if the experiment can sometimes save life, the important end is attained.

Rochester, N. Y., February, 1853.

NOTE.—The note regarding a specific remedy for scald head, from Dr. Rodgers, was received, and will be made use of in an appropriate manner.—ED.

THE MOTIVE POWER OF THE CIRCULATION.

BY EMMA WILLARD.

[Communicated for the Boston Med. and Surg. Journal.]

"The new theory of the motive power of the circulation (the Willardian) though defended with much skill and talent, has, as yet, failed to be established, simply for want of sufficient evidence to prove it, or facts to demonstrate it, and is now either asleep or dead."—M. M. FRISSELLE, *Rockville, Conn.* (See Journal, 2d inst.)

NEITHER "asleep" nor "dead," is the theory of the circulation by respiration; but it is in full, healthy and vigorous life.

Suppose that after Pythagoras had demonstrated the 47th, and pronounced the Q. E. D., his hearers had failed, audibly, to acknowledge their conviction; would that be sufficient evidence that the theorem had failed for want of proof? And if one of the number should afterwards adduce his own silence and that of his companions as a failure of evidence on the part of the discoverer—what then?

The Boston Medical and Surgical Journal—to its praise be it said—has taken, on this discussion, the honorable ground of an impartial liberality. Dr. Cartwright, formerly President of the Medical Society of Mississippi, while yet a resident of Natchez, was convinced by a work on "the Motive Power," &c., that the theory it contained was true. Becoming a resident of New Orleans, he proceeded to test the theory

before he made public his convictions. The great experiment followed, in which he brought an alligator to life—operating on the principles of the theory—after he had been an hour apparently dead. His announcement that the theory had hereby been proved beyond a doubt, was made in this Journal, Jan. 7th, 1852, in a letter directed to me. The letters of Dr. Dowler and Prof. Forshey, eye-witnesses, verifying the great alligator experiment, were herein published shortly after; as were from time to time long and able articles from Dr. Cartwright, throwing new light and adding new proofs; and occasionally we had aid from other quarters. Witness the decided and no non-committal letter of one of the most learned and able physicians of Pennsylvania, Dr. Hiester, of Reading. Articles have also been published in the Journal contemning both the theory and its author; which when they contained what was deemed of any weight in reference to the principles in dispute, have been answered. But whenever any article has borne the disingenuous guise of seeking to destroy the theory, while it contemptuously ignored it, such article has drawn forth no comment. The subject, with minds of the first order, is now well understood.

Meanwhile there arose last summer, in New Orleans, strong opposition to the theory, headed by two eminent physicians, Drs. Dowler and Ely. Dr. Ely wrote and published an able article against it; and Dr. Dowler had one prepared for the press to prove that the alligator might be resuscitated as well by appliances to the nerves as to the lungs. Dr. Cartwright sent to General Jackson's battle-ground and procured a live alligator, which was brought to New Orleans, making the second of that race to which science owes it, that their lives have been sacrificed. through the instrumentality of a great and generous man, to prove the truth of this theory; and in the second, as well as the first instance, the point in question was proved. Dr. Dowler and Dr. Ely, and those of the opposition, skilful as they were in whatever pertains to the nerves, could not restore vitality and circulation otherwise than by respiration. The first experiment proved that restoration from apparent death could be effected by respiration, artificial though it was; the second proved, that nothing else but respiration could effect it. Dr. Dowler could not gainsay the proof, and he suppressed his prepared essay.

But Dr. Ely's was already printed. It was much praised, and there it stood unanswered. And what then? I approach the subject with awe. Cholera prostrated his infant son, and physicians were called to his side, who in this recent contest were of his opinion. Their prescriptions failed. The child ceased to breathe; and they left the father alone with the breathless body. Prejudice now struggled with natural affection, and he said, if Dr. Cartwright resuscitated a lifeless alligator, why may not I, by the same means, resuscitate my child? He made the attempt, and the babe returned to life! And he went forth, like a nobly honest man, and proclaimed what he had effected by operating upon the principles of that theory against which he had so recently written, though erroneously as he had discovered. All these facts appear in the Boston Medical and Surgical Journal, though as they are not brought together they may have failed to make their proper impres-

sion. The case of the resuscitation of Dr. Ely's child was detailed in a letter from Dr. Cartwright to me, herein published, Sept. 1, 1852. Then as late as Oct. 6th, I replied through the Journal, and brought forward the case of Dr. Ely's child to show that what I had, in 1849, stated in my work on "Respiration," to have been effected in some of the worst cases of cholera, while the patients were yet breathing, was less incredible than this restoration by the father of his breathless child.

If any reader shall be disposed sarcastically to inquire whether, in the opening allusion to Pythagoras, is meant a reference either to myself or to Dr. Cartwright, it may be said, not necessarily to either; for standing in idea with Dr. Ely and his child, we may say—behold! a greater than Pythagoras is here.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 16, 1853.

"*To the Memory of Morton.*"—Such is the dedicatory epigraph of a quarto volume that will attract the sympathies and stimulate the curiosity of all medical men to whom the scientific deeds of the lamented Dr. Morton are familiar. The *Prospectus* alone has reached us, but the following title promises well:—"Types of Mankind: or, Ethnological Researches, based upon the Ancient Monuments, Paintings, Sculptures, and Crania of Races, and upon their Natural, Geographical, Philological, and Biblical History. By J. C. Nott, M.D., Mobile, Alabama, and Geo. R. Gliddon, formerly U. S. Consul at Cairo." So does the proposed Introduction—"The late Samuel George Morton, M.D., President of the Academy of Natural Sciences at Philadelphia; Author of *Crania Americana* and *Crania Ægyptiaca*, etc., etc., etc. His scientific life, with especial reference to his achievements in Anthropology—founded upon his works, correspondence and *inedited manuscripts;* the whole of the latter, through the kindness of his family, being temporarily in the possession of the authors of the present volume."

The work will be illustrated by above two hundred wood cuts, besides some lithographic plates, and will cover the entire ground of human history, from the remotest monumental epochs to the present year: the discoveries at Memphis and Meroe, at Nineveh, Babylon, and Persepolis, no less than those on our own continent, inclusive. In size, form and style, the book will be similar to volume 1st of Smithsonian Contributions to Science; and it is to be published in the present year at the subscription price of $5, payable on its delivery. Already, we learn from Mr. Gliddon, more than three hundred of the required four hundred signatures have been received, between N. Orleans and Boston; and among them, a goodly number of the eminent names of our city. Messrs. W. D. Ticknor & Co. have undertaken the agency, and from them prospectuses and subscription lists can be obtained.

The object of the authors is to fill up the vacuum created in ethnological sciences through Dr. Morton's death, by supplying the great results of his studies during a quarter of a century, the publication of which his demise

arrested. Dr. Nott, of Mobile, one of the most distinguished practitioners of our country, conducts the physiological, anatomical, and natural-historical departments. The monumental and archæological portions are supplied by Mr. Gliddon. We feel confidence in the men; and have no hesitation in promising to the medical profession of the United States, a performance nationally honorable, and to science in every way important. We trust that many of our readers will aid the enterprise with their names and influence.

As the work advances, the Journal will notify its progress. On its appearance, we shall discuss its merits.

Occupational Influences on Health. — Dr. Josiah Curtis, of Boston, known in connection with the able reports on births, marriages and deaths, annually published under the authority of the Commonwealth of Massachusetts, is preparing a work on the influences of occupation on health and longevity. He has the ground quite to himself, and, from his eminent qualifications and the nature of his studies of late years, a curious and useful book may reasonably be expected. The author need not pass through many streets of this compact metropolis, to discover extraordinary agents at work in shortening the days of the multitude. Fresh air, open space, and good food, are all admirable topics for philanthropists to discourse upon; but how few in cities ever obtain all of them to the extent required for the enjoyment of perfect health? Some reside in garrets, elevated but often crowded; while others wither in damp, unwholesome cellars. Some are dressed in lawn, and others in rags. Profligates break down iron constitutions by excesses, and some die by starvation. There are great extremes, also, in manufacturing establishments, in the shops of artizans, and in the close dry good stores on the lines of great town thoroughfares, producing certain effects on individuals, some of them shortening the span of human existence, but few of them contributing to its prolongation. Dr. Curtis will analyze all conditions of society in regard to health, and give us the results of his investigations.

Philosophy of Mysterious Agents.—Two numbers of the five promised to the public, on the "Philosophy of Mysterious Agents, Humane and Mundane, or the Dymanic Laws and the Relations of Man, embracing the Natural Philosophy of Phenomena styled Spiritual Manifestations," by E. C. Rogers, have been received. In giving an opinion in reference to the writings of Dr. Rogers, we must bear testimony to his profound attainments. In the labyrinths of deep psychological research, he is a match for any body. Where other men would give up in despair, he plays round like a leviathan in his native element, and sees things with a clear vision, which no one else, without his mental organization and culture, could discover. He is strong in a kind of knowledge that demands the exercise of the highest forms of intellectual endowment, and therefore is in danger of writing beyond the comprehension of those he is most desirous of instructing. It is one of the misfortunes to which great minds are incident, that they over-estimate the capacities of others; and because the world makes no progress in the particular direction they sometimes indicate, it is erroneously imputed to an unwillingness to be influenced by new truths, when the simple fact is, the lessons proposed for instruction are beyond their grasp. Now Dr. Rogers has fallen into the common mistake of men

of his guage, by shooting over the heads of the people, instead of strewing the fruits of his extraordinary researches gently at their feet, where they could be picked up by only stooping. Yet we have rarely examined a more logically constructed argument, or a series of propositions so orderly. Dr. Rogers has patience, energy and reason, which is not the case with all those for whose instruction he writes. When two or three more of the proposed numbers are published, we shall return to the consideration of the subject.

Outlines of General Pathology. — Under the title of Medical Essays, most of the chapters, composing a thin octavo with the above title, appeared at intervals in the St. Louis Medical and Surgical Journal. In their present form, they appeared at St. Louis in 1851; but it may be considered fresh in this market, as we have never seen a copy till within a few weeks. The author is M. L. Linton, M.D., of the department of theory and practice in the University of St. Louis, and in every sense a venerable teacher of a science that has a high rank in the domain of human knowledge. It is difficult to say or do anything remarkable, new or strange in medicine, in these days of universal light; but it is always acceptable to have truth presented, even if heard before—and especially if, by repetition, human sufferings are abridged, and happiness promoted by it. Dr. Linton is neither behind the age, nor has he run so far in advance of other minds, as to create apprehension for the stability of favorite notions in regard to pathology. With admirable good sense, and an accurate estimate of the powers of life, he has placed himself, by this volume, in a position to be remembered with respect and thankfulness by each successive race of practitioners in the West. This treatise will be a starting point, an epoch to reckon from, in all future disquisitions in the same field of exploration. On the whole, we think his wisdom is to be applauded for writing a small instead of a large work. Knowledge in a nutshell, and especially that which refers to medicine, is decidedly popular with medical men, many of whom can only snatch, from an active practice, ten minutes a day for reading.

Diseases produced by Lead Pipes.—A report presented to the American Medical Association, by Horatio Adams, M.D., of Waltham, Mass., embraces the subject of "action of water on lead pipes, and the diseases proceeding from it." When we completed reading the report, the first thought was, that "there is death in the pot" wherever these pipes are laid. But experience in the city of Boston does not yet warrant the conclusion. The report is a full collection of illustrative cases, showing that a variety of maladies are positively produced by the action of lead—and six thousand to one might be produced, in all cities having public waterworks, to show that no injury arises from potable water running through leaden tubes. Doctors are strangely disagreeing upon this subject. We are convinced that there is truth in all the statements; but in the meanwhile, the multitude are no sufferers, and pipes remain uncleansed, however alarming the facts.

The Stethoscope and Virginia Gazette.—We gave notice, a few weeks since, of a new Medical Journal to be published at Richmond, Va. The above is the title of the monthly journal of medicine which has been issued in the same city for the last two years, the first number of the third volume being

out and now lying before us. The editor, in his "salutatory," expresses strong confidence in the continued patronage of the profession, and, to use his own words, expects to "live forever." The Stethoscope is ably conducted, and we hope the editor will not be disappointed in his expectations.

Female Physicians.—In connection with the novelty of educating women for the profession of medicine, is that of conferring degrees on them. One of the last official acts of the Female Medical College of Pennsylvania, was to confer the honorary degree of M.D. on Miss Harriet K. Hunt, of Boston. This lady is no every-day body. She demands her rights, and is determined to have them too. While paying taxes into the treasurer's office, in this city, last season, Dr. Hunt handed over the money, under a protest that must have made the treasurer's ears tingle. Female physicians seem to be on the increase among us, and establishing circles of good practice, in spite of the jeers, inuendoes and ridicule of us lords of creation. Believing they have certain privileges in common with the other sex in a civilized country, they begin to knock at the doors of close medical corporations, and demand to be received as fellows in good fellowship. They persist in the declaration that they are regulars to the letter, and the only boon they ask of the organized fraternity of physicians, is to be thus recognized—be eligible to office—and, in short, allowed to participate in the ups and downs incident to such relations. What the medical societies and schools will do with their claims, is beginning to perplex the wise ones. It is not a matter to be laughed down, as readily as was at first anticipated. The serious inroads made by female physicians in obstetrical business, one of the essential branches of income to a majority of well-established practitioners, makes it natural enough to inquire what course it is best to pursue? All the female medical colleges have charters from the same sources from which our own emanate, and the law is no respecter of persons, whether dressed in tights or bloomers, in affairs purely scientific and intellectual. State societies doubtless have it in their power either to admit them, if they can show that they are properly educated, or reject them *sans ceremonie*. If the institutions are closed against their admission, then the public sympathy will assuredly be a shield for their protection, and we shall be denounced as a band of jealous monopolists. With regard to the question of what the ladies themselves claim in this matter, Miss Dr. Hunt omits no opportunity of answering it; and those who have a curiosity to know the arguments she ingeniously advances in support of the claims of the sisterhood to a medical position, may have the whole by simply making the request.

Homœopathic Provings.—One of the new subjects with which the infinitesimal pe..odicals are now teeming, is presented to the world under the name of *provings*. The articles devoted to it are stupid at best, and spun out to such extreme lengths that a very devout disciple might possibly forget the title by the time he had come to the end. It is an ingenious method of filling up pages, but it is quite ridiculous to suppose they are read by even the most learned of the new school. By the side of these make-weights, the wordy papers on potencies, about which the homœopathic journals have been ardently engaged, are quite in place, since one is as good as the other, and neither of them are worth the trouble of reading.

Dublin Medical Press.—The Dublin Medical Press is a small but spirited quarto sheet, issued weekly, and abounding in that kind of intelligence which the profession most desire. The sayings and doings of surgeons and physicians at hospital cliniques, and society reports, are much like the same kind of matter in the London Lancet; but the main feature, and the one of greatest interest, is its local medical news.

What to Observe in Medical Cases. — A useful manual, this, under the auspices of the London Medical Society of Observation, and republished by Messrs. Blanchard & Lea, Philadelphia. It teaches what to observe at the bed-side, and after death. A synoptical analysis will appear when we have had time for a thorough examination of its pages.

Boylston Medical Prizes.—The committee upon the Boylston medical prize dissertations for this year have made the following awards. A first prize, to James O. Noyes, of Boston, for a dissertation on "The minute anatomy of the blood;" a second, to Nathan P. Rice, for a dissertation on "Foreign bodies in the air passages."

Transactions of the American Medical Association—Report on Hernia. —The report of the Transactions of the Association at its last meeting has not been received at this office, although issued from the press at Philadelphia some weeks since. Separate editions of some of the reports have come to hand from the authors, and among them that on Hernia, portions of which we intend to copy.

Medical Miscellany.—In a subscription for a new hospital, a few days since, Mr. William Astor put down his name for thirteen thousand dollars, and an anonymous subscription of ten thousand dollars was made.—Dr. Marshall Hall is expected to visit this country, from England.—A late steamer brings intelligence of the death of Dr. Pereria. His works on dietetics and general medicine, and his Materia Medica and Therapeutics, rank among the most valuable. — The ship Ticonderoga, from Liverpool for Australia, put into Port Philip Bay on the 3d of November, with 200 passengers sick of the cholera. 120 passengers had been previously buried at sea. The Ticonderoga belongs, we believe, to New York.—Dr. John C. Warren has resigned his situation as visiting surgeon of the Massachusetts General Hospital, having served for a period of thirty-six years. Dr. Samuel Cabot has been chosen by the Trustees to fill the vacancy.

MARRIED,—At Louisville, Ky., Dr. M. P. Breckinridge to Miss Lucy, only daughter of Col. S. H. Long, U. S. Army —At the Hermitage, Tenn., 25th ult., John Marshall Lawrence, M.D., to Miss Rachael, only daughter of Andrew Jackson, Esq.

DIED,—At Derry, N. H., 4th inst., Dr. James Crombie, formerly of Francestown, N. H.—At Cambridge, 7th inst., Benjamin D. Bartlett, M D., 63.

Deaths in Boston—for the week ending Saturday noon, Feb. 12th, 76 —Males, 35—females, 41. Abscess, 1—accidental, 2—apoplexy, 2—Bright's disease, 1—inflammation of bowels, 1—congestion of the brain, 1—disease of the brain, 1—consumption, 15—convulsions, 2—croup, 2—cancer, 1—dropsy, 1—dropsy in head, 4—drowned, 1—infantile diseases, 7—typhus or ship fever, 1—scarlet do., 13—gangrene, 1—homicide, 1—disease of the heart, 1—inflammation of the lungs, 6—marasmus, 3—measles, 1—purpura, 1—rheumatism, 1—teething, 3—ulcer, 1—unknown, 1.

Under 5 years, 40—between 5 and 20 years, 10—between 20 and 40 years, 12—between 40 and 60 years, 10—over 60 years, 4. Born in the United States, 54—Ireland, 20—British Provinces, 2. The above includes 6 deaths in the city institutions.

Dr. Wood's Treatment of Scarlet Fever. — By Prof. J. H. Bennett, Edinburgh.—The most recent system of treatment which has been brought forward is that recommended by Dr. Andrew Wood; and I notice it in deference to the great experience that gentleman has acquired from his position as physician to Heriot's Hospital and other educational establishments in this city, which have been attacked by numerous epidemics of the disease. He considers that the most efficient and safe method of treatment consists in acting powerfully on the skin, with a view of thereby assisting nature to eliminate the scarlatinal poison from the system. As ordinary diaphoretics frequently fail, he has recourse to the following method: — Several common beer bottles, containing very hot water, are placed in long worsted stockings, or long narrow flannel bags, wrung out of water as hot as can be borne. These are to be laid alongside the patient, but not in contact with the skin. One on each side, and one between the legs, will generally be sufficient; but more may be used if deemed necessary. The patient is to lie between the blankets (the head of course being outside) during the application of the bottles, and for several hours afterwards. In the course of from ten minutes to a half an hour, the patient is thrown into a most profuse perspiration, when the stockings may be removed. In mild cases, the effect is easily kept up by means of draughts of cold water, and if necessary, by the use of two drachm doses of sp. mindereri every two hours. In severe cases, where the pulse is very rapid — the beats running into each other — where the eruption is either absent or only partial, or of a dusky purplish hue — where the surface is cold — where there is sickness or tendency to diarrhœa — where the throat is aphthous or ulcerated, and the cervical glands swollen, then he follows up the use of the vapor-bath by four or five grain doses of carbonate of ammonia, repeated every three or four hours. Should this be vomited, then brandy may be given in doses proportioned to the age of the patients. Carbonate of ammonia he considers to act beneficially: 1st, by supporting the powers of life; 2d, by assisting the development of the eruption; and, 3d, by acting on the skin and kidneys. Where the vapor-bath was used early in the disease, and its use continued daily, or twice or thrice a day, according to circumstances, he has found that the chance of severe sore throat was greatly obviated. In regard to supervening dropsy, he considers that, by the use of the vapor-bath, with the other necessary precautions as to exposure, diet, etc., its recurrence is rendered much more rare. In the treatment of the dropsical cases, it was also very useful, and even might be trusted to entirely in some cases. Dr. Wood also condemns all depleting treatment, and even purgatives during the first ten days, as not only not required, but positively dangerous, as tending to interfere with the development of the eruption. In the latter stages, as well as in the dropsy, however, he thinks purgatives are often beneficial.

The general plan of this treatment appears to be so far rational that its object is to hurry forward the disease by applying damp heat to the skin, and by thus assisting nature to make her operations more perfect than they might otherwise be. In other words, by rendering the febrile eruption more complete, diminish the risk of its leaving behind it a tendency to subsequent disease. Whether this plan as a whole will, in practice, prove more extensively beneficial than any other, can only be determined by an extensive trial and careful comparison of the results.—*Monthly Journal of Medical Science.*